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HOW IS THE REGION DOING?

Human Service Use and Service Availability in Allegheny County, PA

Marcela Gutiérrez-Mayka and Elisa Bernd,
The OMG Center for Collaborative Learning

Allegheny County is home to approximately 1,600 financially-active nonprofit organizations, including 357 human service providers that deliver a range of health and social services.¹ Past research has suggested that Pittsburgh's nonprofits, as a group, are facing important organizational and program challenges as they plan for the future. De Vita & Twombly's study of nonprofit human service organizations in the county (2003) found that, in 2000, nearly 40 percent of these providers had expenses that exceeded their revenues. In a paper discussing the future of nonprofits in the region, Paul C. Light (2005) listed additional challenges: difficulty responding to rapid environmental changes, challenges achieving gender and racial diversity in boards, and precarious financial situations.

While these challenges on the service supply side are worrisome, less is known about the demand for human services in Allegheny County, and how it may be impacted. Using client and provider data from the Allegheny County Department of Human Services (DHS), The Hill Group (2005) examined service usage for each DHS Program Office (e.g., Office of Behavioral Health, Agency on Aging, etc). Campos, Inc., in 2004, contrasted the opinions of Allegheny County residents and nonprofit executives about the most serious problems at the community level. Neither one of these studies, however, asked consumers directly about the utilization of services at the household level.

To address this gap, The Forbes Funds commissioned the OMG Center for Collaborative Learning to conduct a study of the human service needs of households in Allegheny County. Specifically, OMG's research focused on service use of residents of distressed and non-distressed areas, and attempted to contrast service usage with the array of human services which are currently available. The study also looked at whether or not households were successfully accessing the services they needed, and explored barriers to service receipt and client satisfaction with services.

This report summarizes the findings of the study and addresses the following research questions:

1. What are the human service utilization patterns of households in distressed areas of Allegheny County and of county residents as a whole?

¹ A "financially-active" nonprofit refers to a charitable organization that, because it has receipts in excess of \$25,000, files a Form 990 with the Internal Revenue Service.

2. Are residents, especially those who may have higher service needs, accessing available services? If not, what are some of the barriers they may experience? How satisfied are they with the services received?
3. What types of human services are provided by Allegheny County nonprofits? How do the variety of services being provided compare to the services that are used and/or needed?
4. What are the broader implications for those engaged in developing strategic directions for this sector?

The report is organized in four sections. Section I provides a brief overview of the methodology employed; Section II presents the results from the household survey; Section III addresses challenges to using the 2006 Allegheny County Nonprofit Benchmark Survey and presents an alternative analysis based on De Vita and Twombly's data on nonprofit human service providers in Allegheny County; Section IV offers a summary and some recommendations based on findings from the study.

I. METHODOLOGY

OMG designed, administered, and analyzed a telephone survey of a random sample of county residents about their service utilization patterns. Initially, OMG had also planned to derive answers to some relevant questions about service availability from data collected by the 2006 Allegheny County Nonprofit Benchmark Survey. This attempt, however, failed mainly due to a low response rate and concomitant non-response bias. These challenges, and OMG's use of alternative data, are discussed later in this report.

OMG's Allegheny County Household Survey (ACHS)

OMG contracted with the research firm Reed Haldy McIntosh & Associates (RHM) to conduct a telephone survey of 400 households in Allegheny County. The survey was designed to examine human service utilization patterns, unmet needs, barriers to access and satisfaction levels, especially among residents of distressed areas. According to the Allegheny County Department of Human Services, "distressed areas" are Census tracts with elevated levels of poverty, percentages of single female-headed households, school dropout rates, and male unemployment.² Based on that definition, about 5 percent of the county's neighborhoods can be considered "distressed." (See Appendix A for a map of Allegheny County's distressed areas.) The study used a stratified Random Digital Dialing (RDD) sample of 300 households living in distressed areas and of 100 households in non-dis-

tressed areas. The sample was weighted to correct for the disproportionate selection of households in distressed areas.³ In this study, heads of household — or the most knowledgeable adult aged 18 years and older — were the proxy respondents for their household members with regard to service utilization and related questions.

II. FINDINGS FROM THE OMG ALLEGHENY COUNTY HOUSEHOLD SURVEY

2.1 DESCRIPTION OF SAMPLE AND SERVICE UTILIZATION

Demographic characteristics of the survey sample

Of the 400 households in the study, 54 percent lived within the Pittsburgh city limits. (See Table 1.) Sixty-five percent of the respondents were females, and 81 percent self-identified as white. The median household size was two people, and 23 percent of the households had children 17 years and under present. Almost all of the households headed by a single parent (7 percent) were headed by women.

The sample was made up mostly of adults 45 years old and older, with a high percentage of respondents having attended and/or completed post-secondary education. About half of the respondents were employed either part or full time, and a little over a fourth of them were retired. Four percent reported being unemployed, which is close to the county's unemployment rate of 5 percent.⁴ Forty percent of respondents refused to provide household income information. For the remaining 60 percent, the median monthly household income reported from all jobs was \$2,000.

The study sample compares very well with Allegheny County figures from the 2000 Census, especially with regards to race composition, employment status, and household structure. For example, according to the Census, 84 percent of the county's population is white, and 13 percent is African-American. Census figures also show that, in 2000, 4 percent of the population aged 16 and over were unemployed. About 8 percent of the county's households were single-parent arrangements, compared to 7 percent in OMG's sample.

Members of households living in non-distressed areas (n=100) shared very similar demographic characteristics with the entire county as well. For example, 85 percent of the respondents in those areas self-identified as white, and 3 percent were unemployed at the time of the study. (See Table 1.) Households in distressed areas (n=300), however, had a significantly higher percentage of African-American heads of household compared to the non-distressed areas and to the rest of the county; they also had a higher percentage of unemployed heads of household. Moreover, in comparison with non-distressed

² See The Hill Group (2005) Tropman Report.

³ Refer to Appendix B for the methodology.

⁴ Bureau of Labor Statistics unemployment rate, 2005 annual average, retrieved from <ftp://ftp.bls.gov/pub/special.requests/la/laucnty05.txt>

TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

| | | DISTRESSED (N=300) | NON-DISTRESSED (N=100) | TOTAL (N=400) ¹ |
|--|---|-----------------------|---------------------------|-------------------------------|
| Females | | 72 % | 64 % | 65 % |
| Age Cohort | 18 – 24 | 6 % | 2 % | 3 % |
| | 25 – 34 | 11 % | 9 % | 9 % |
| | 35 – 44 | 15 % | 14 % | 14 % |
| | 45 – 54 | 24 % | 25 % | 25 % |
| | 55 – 64 | 17 % | 25 % | 24 % |
| | 65 and older | 27 % | 25 % | 25 % |
| Race | White | 58 % | 85 % | 81 % |
| | African-American | ★ 36 % | 8 % | 13 % |
| | Other (<i>incl. mixed race, Hispanic</i>) | 6% | 6% | 6% |
| Employment | in labor force (FT/PT) | 56 % | 49 % | 50 % |
| | unemployment | 7 % | 3 % | 4 % |
| | retired | 22 % | 29 % | 28 % |
| | student, homemaker disabled, other | 15 % | 20 % | 19 % |
| Education | less than high school | 9 % | 5 % | 6 % |
| | high school graduate or GED | 30 % | 36 % | 35 % |
| | some college or technical school | 17 % | 10 % | 11 % |
| | completed 2-yr. college/tech. school | 9 % | 15 % | 14 % |
| | completed 4-yr. college | 19 % | 14 % | 15 % |
| | some grad school or better | 15 % | 20 % | 19 % |
| Household Structure (with children) | | 30 % | 21 % | 23 % |
| | under 12 only | 15 % | 14 % | 14 % |
| | 12 – 17 only | 9 % | 2 % | 3 % |
| | under 12 & 12 – 17 | 6 % | 5 % | 5 % |
| | number of children (<i>Mean</i>) | 0.58 | 0.36 | 0.40 |
| | single parents (as % of hh w/child.) | 11 % | 6 % | 7 % |
| Household Size (<i>Median</i>) | | 2 | 2 | 2 |
| | 1 person | 27 % | 36 % | 35 % |
| | 2 people | 33.7 % | 32 % | 32 % |
| | 3 people | 16 % | 15 % | 15 % |
| | 4 or more | 23% | 17% | 18% |
| Lives within Pittsburgh City Limits | | ★★ 74 % | 51 % | 54 % |

¹ Weighted

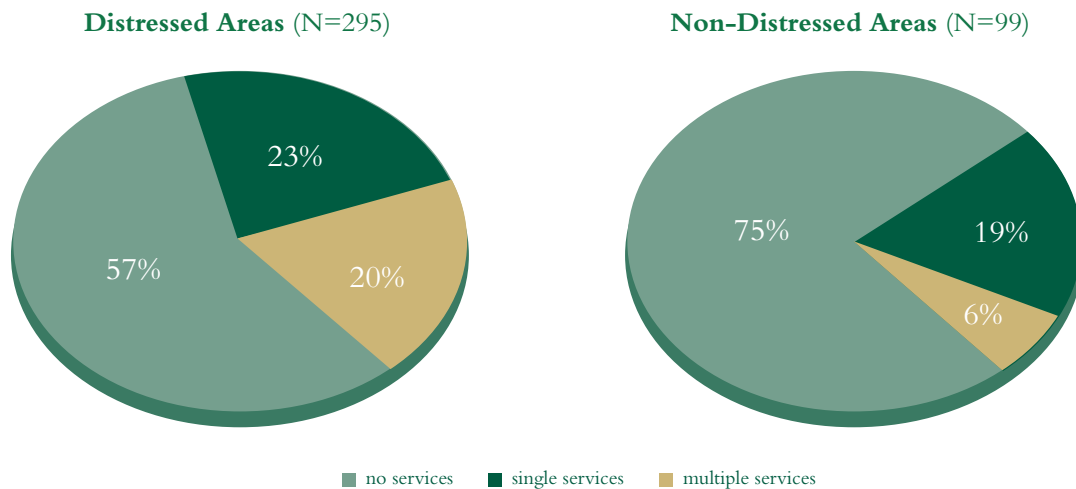
★ p < 0.01

★★ p < 0.001

households, a higher percentage of households in distressed areas reported having children aged 17 and under present. Similarly, single-parent household arrangements were more predominant in distressed areas than in non-distressed areas or in the county as a whole.

Service Utilization

The study findings show that about 28 percent of Allegheny County residents used human services in the last 12 months. A total of 20 percent of county residents reported using one service and 8 percent reported using two or more. When service utilization by members of households in distressed areas was compared to that of households in non-distressed

FIGURE 1. PERCENTAGE OF HOUSEHOLDS USING SERVICES BY NUMBER OF SERVICES (N=394)

areas, the analysis revealed a strikingly different picture. (See Figure 1.) A total of 43 percent of respondents from distressed areas used services in the past year, including 20 percent who were multiple-service users. More than three times as many residents in distressed areas said someone in their household had used multiple services. Both single and multiple-service use differences were statistically significant,⁵ revealing a higher reliance on services by households located in distressed areas of the county.

An analysis of the mean number of services used per household showed a similar pattern. The mean number of services

used per household for all of Allegheny County was 0.5 overall. However, households in distressed areas showed a significantly higher mean number of services utilized compared to non-distressed households (0.86 for those in distressed communities and 0.38 for those not).⁶

Service utilization also differed significantly by race. More than two-thirds (68 percent) of those from homes with an African-American head of household reported using at least one service. (See Figure 2.)⁷ This was true for only 22 percent of those households headed by respondents who identified as white.⁸

FIGURE 2. SERVICE UTILIZATION BY RESPONDENT'S RACE (N=382)

⁵ $p < 0.01$

⁶ Mean difference is statistically significant at 0.01 ($p < 0.01$)

⁷ $p < 0.01$

⁸ $p < 0.01$

TABLE 2. TYPES OF SERVICES

| SERVICES MOST USED BY HOUSEHOLDS IN DISTRESSED AREAS (N=129) | | | |
|---|------|------------------------|------|
| Housing/Shelter | 36 % | Hotlines/Counseling | 22 % |
| Employment | 35 % | Physical/Mental Health | 21 % |
| Education/Recreation | 34 % | Childcare | 11 % |
| Food | 27 % | Other | 10 % |

Service utilization also differed by other important demographic variables. A significantly higher proportion of respondents who were single parents, or who had children 17 or younger present, reported that someone in their household had used at least one service, compared to their counterparts without children or in two-parent homes.⁹

Types of Services Used

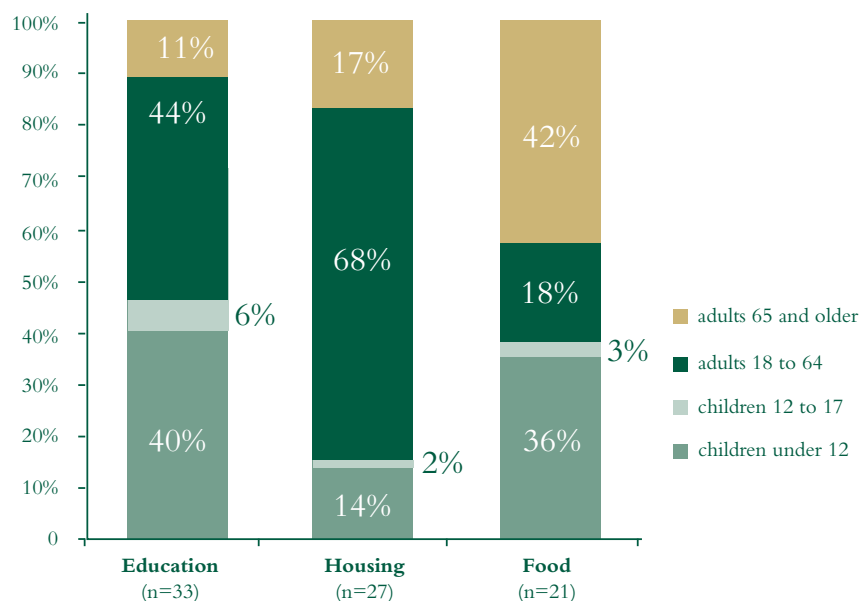
An analysis of service type¹⁰ showed that the most-used services in distressed areas were Housing, Employment, and Education services, followed by Food services. (See Table 2.) Additionally, about 20 percent of respondents from households in distressed areas reported they had used Hotlines/Counseling as well as Physical and Mental Health Services.

Looking at Allegheny County as whole, analyses revealed significant differences in the types of services used when com-

parisons were made by race and other socio-demographic characteristics.¹¹ More heads of household who self-identified as African-American compared to whites reported that someone in their household had used Educational/Recreational services (15 percent vs. 7 percent), Housing or Shelter services (20 percent vs. 4 percent), and Employment Programs (20 percent vs. 2 percent). Compared to other household arrangements, significantly more members of households headed by a single parent reported they used Food or Meal Assistance in the past 12 months (19 percent vs. 4 percent).

Identity of Service Users

Householders surveyed for this study were asked to report who received services in their household. (See Figure 3.) As would be expected, Food and Meal service use were identified for substantial percentages of homes with young children or senior citizens.

FIGURE 3. IDENTITY OF SERVICE USERS BY TYPE OF SERVICE

⁹ $p < 0.001$

¹⁰ Refer to Appendix C for the service definition.

¹¹ $p < 0.05$

TABLE 3. HUMAN SERVICES

| HUMAN SERVICE CATEGORIES | NONPROFIT BENCHMARK SURVEY (N=120) | DE VITA & TWOMBLY'S STUDY (N=357) |
|------------------------------------|------------------------------------|-----------------------------------|
| Housing/Shelter | 8 % | 26 % |
| Employment/Work Readiness Programs | 4 % | 9 % |
| Physical/Mental Health | 20 % | 8 % |

Services such as Housing, Educational/Recreational, Employment (not shown), and Mental/Physical Health (not shown) were used mainly by adults ages 18 to 64. Child Care programs were used only by children and youth (not shown). Youth ages 12 to 17 years had the smallest usage share in virtually all service types.

Services that Households Considered Using

In order to identify potential service needs, the survey asked respondents who said they had not used a specific service whether they had considered using it. About 5 percent of those who did not use Educational/Recreational services and Employment services said they had actually considered using them.¹² Two and 3 percent of the households that did not use Housing services or Food services, respectively, said they had considered using those services.¹³ Those who had considered using a service but did not follow through offered the following explanations: they did not meet age or financial criteria; they experienced specific barriers such as childcare or conflicting schedules; they were already getting help from school or church; they did not know how to access a service; they were postponing their decisions to seek services until a later time.

3. SATISFACTION WITH HUMAN SERVICES RECEIVED

Satisfaction Level of Service Users

Householders who reported any service utilization in their household were asked how satisfied users were with the services received, and the reason why that was the case. A majority (72 percent) of respondents who utilized services reported being very satisfied or extremely satisfied¹⁴ with the service(s) received.

Satisfied service users emphasized that services delivered immediate results. For example, those using Housing services were able to find a house or to receive rapid assistance with related issues. A majority of respondents also stated that their service needs were met one way or another. Those reporting high satisfaction levels also appreciated the ability of programs to deliver what was promised. Other reasons for satisfaction included the quality of the service received, and service ability to provide referrals.

4. HOUSEHOLDS' ABILITY TO ACCESS HUMAN SERVICES

Barriers to human service utilization in Allegheny County

Most respondents who reported service use in the past 12 months also said they got the help they needed. In fact, only 22 percent¹⁵ mentioned that they were unable to get help with the service(s) needed. Reasons these heads of household mentioned as a barrier to service utilization were the cost of services, age and income eligibility criteria used by providers, location and hours of operation, and language barriers.

The number of respondents reporting inability to get services was small within specific service types. "Housing and Shelter services" was the category that a greater number of individuals reported being unable to get compared to all other services.

III. DISCUSSION OF HUMAN SERVICE PROVISION IN ALLEGHENY COUNTY

An original intention of this study was to compare the provision of services reported by respondents to the 2006 Allegheny County Nonprofit Benchmark Survey to the utilization and need for services reported by respondents to the OMG ACHS. This goal proved to be unachievable due to the low response rate to the Nonprofit Benchmark Survey, which was mailed to all 1,667 organizations registered as nonprofits in Allegheny County, but was returned by only 196. The low response created a non-response bias which further put into question the representativeness of the respondent pool. To illustrate this, Table 3 compares the percentage of respondents to the Nonprofit Benchmark Survey who stated they provided services in three selected human service categories to the actual percentage of all providers in the county within those categories reported in De Vita and Twombly's study (2003). As can be seen, the respondents to the Nonprofit Benchmark Survey seemed underrepresented in the Housing and Employment categories and overrepresented in the Physical/Mental Health category.

Given the reasons cited above, OMG researchers decided to turn to the De Vita and Twombly's providers' study results as a source of comparison data for the household survey of service utilization and need, and to answer the research questions posed about potential gaps in services.

¹² n= 367 and n=380, respectively.

¹³ n =373 and n=379, respectively

¹⁴ Average percentage across all services.

¹⁵ n=93 (excludes respondents who used "Other" services).

As previously mentioned, the concentration of service users of all types was highest in distressed areas, most of which are located within the city of Pittsburgh. Thirty-six percent of distressed areas' respondents stated they had used Housing/Shelter services, 35 percent used Employment services, and 21 percent used Physical/Mental Health services in the past year. (See Table 2.) Per De Vita and Twombly's census (see Table 4), 27 percent of all human service providers within the city supply Housing Assistance, 11 percent supply Work Readiness Programs, and 8 percent Physical/Mental Health services.¹⁶

A closer examination of these numbers suggests that, while services available may be adequate to meet the needs of city residents, this may not be the case for residents in other parts of the county. For example, 64 percent of Allegheny County's Physical/Mental Health service providers, 66 percent of the Housing Assistance providers, and 78 percent of Work Readiness providers are concentrated in the city. This leaves the rest of the county with a much smaller share of organizations in each of these services categories to meet the needs of residents.

Depending on the service capacity, location, availability of transportation, and other characteristics of provider organizations, as well as on the socio-demographic make-up of communities, supply outside the city limits may fall short. Without more in-depth research of nonprofits serving this region, however, it is not possible to conclude that this represents a real gap in service availability or that other types of human services may be inadequately supplied.

IV. SUMMARY AND RECOMMENDATIONS

OMG's study of Allegheny County residents' human service needs and of service availability has identified some important utilization patterns and areas where additional research on service provision is needed. Not surprisingly, findings indicate that where people live in the county and some household socio-demographic characteristics play a role in service utilization. For example:

- There is a significantly higher use of services by households located in distressed areas of the county. The

services most used in these areas are Housing, Employment, Educational/Recreational, and Food services.

- More African-American households use services compared to whites, especially Educational/Recreational services, Housing/Shelter services, and Employment programs.
- Single-parent households and those with children 17 or younger make significantly higher use of services, especially of Food and Meal services, than their counterparts without children or in two-parent homes.
- Youth, ages 12 to 17 years, had the smallest usage share in virtually all service types.

The study also found that most respondents did not have many complaints about the services they received, and few mentioned barriers that kept them from using services they had sought. Finally, a preliminary examination of the human service provision in Allegheny County suggests that, while there may be sufficient capacity among Housing Assistance, Work Readiness/Employment and Physical/Mental Health providers to meet the service needs of Pittsburgh residents, these types of nonprofits may be stretched too thin to supply adequate coverage to the rest of the county.

It should also come as no surprise that distressed areas have higher numbers of residents who use human services compared to other areas where these conditions do not apply. The good news is that, for residents of the city of Pittsburgh, the availability of these services seems to be adequate and their assessment of the service quality is positive. However, this study suggests that given the pattern of multiple service utilization observed, especially among single-parent households and households where children under 17 years of age are present, Pittsburgh-based providers may want to examine how they can simplify access by removing barriers, streamlining resources, and eliminating redundancy. The Hill Group (2005) study has already pointed to the opportunity for greater service integration and cohesiveness in Allegheny County, and provided a set of sector-level recommendations. OMG further suggests that nonprofits in the city look at their own individual organizational and their cross-sector capacities to deliver

**TABLE 4. DISTRIBUTION OF NONPROFIT HUMAN SERVICE PROVIDERS
IN PITTSBURGH AND REST OF THE COUNTY** (per DeVita & Twombly, 2003)

| HUMAN SERVICE CATEGORIES | PITTSBURGH (N=226) | REST OF THE COUNTY (N=131) |
|--|--------------------|----------------------------|
| Housing Assistance & Community Development Orgs. | 27 % | 24 % |
| Employment/Work Readiness Programs | 11 % | 5 % |
| Physical/Mental Health | 8 % | 8 % |
| Other Services | 54 % | 63 % |

¹⁶ Due to different definitions of "human services," OMG had to narrow this comparison to the service categories in DeVita & Twombly's study that most closely matched its own.

effective comprehensive/integrated services or a continuum of services through such approaches as: single point of entry (i.e., intake) into the human service system; co-location arrangements; single case management agreements; sharing of client data, information and referral; and consistent eligibility requirements whenever possible. The sector may take advantage of existing provider networks or create new ones to work more collaboratively. Furthermore, nonprofits may want to draw from the extensive literature on successful service integration models that exists around the country for examples that can be replicated in Pittsburgh. Finally, private and public funders of nonprofits ought to work more aggressively to remove disincentives to service integration in Allegheny County.

The other predictable finding confirmed by this study – that young adolescents use the least number of human services of all age groups – ought to get special attention from providers and researchers. More focused studies of this group are needed to better understand what services are already available to them, and whether or not these services are in fact meeting their specific needs. While traditional youth-serving organizations may be the most obvious type of agency to lead this effort, other nonprofits, such as mental health providers, substance abuse providers, and arts institutions, also need to be at the table. Another strategy suggested to encourage greater

service use and fit to youth needs is to promote youth participation in nonprofit decision-making through Youth Advisory Councils and/or board membership. There are numerous examples of effective youth outreach and involvement programs that could be adapted to Allegheny County

Finally, OMG's preliminary observations about the nonprofit sector's capacity to address the needs of residents outside the city of Pittsburgh raise a set of questions of their own worth pursuing in greater depth: Are residents of different areas of the county experiencing equal access to services available? Are human service providers in rural areas experiencing backlogs, waiting lists, high staff turnover, under-utilization, financial difficulties, board vacancies, or any other capacity issues that would impact their ability to meet the demand for services? If so, what resources are available to these human service providers? Are funders helping or hindering the development of this segment of the nonprofit human service sector? The Allegheny County Nonprofit Benchmark Survey is a good place to start looking for answers to these questions, but low response rates limit its usefulness. A more in-depth investigation of a larger sample of households in selected non-distressed areas — with more focused questions about need — should provide additional insight into the full state of the region.



Acknowledgements

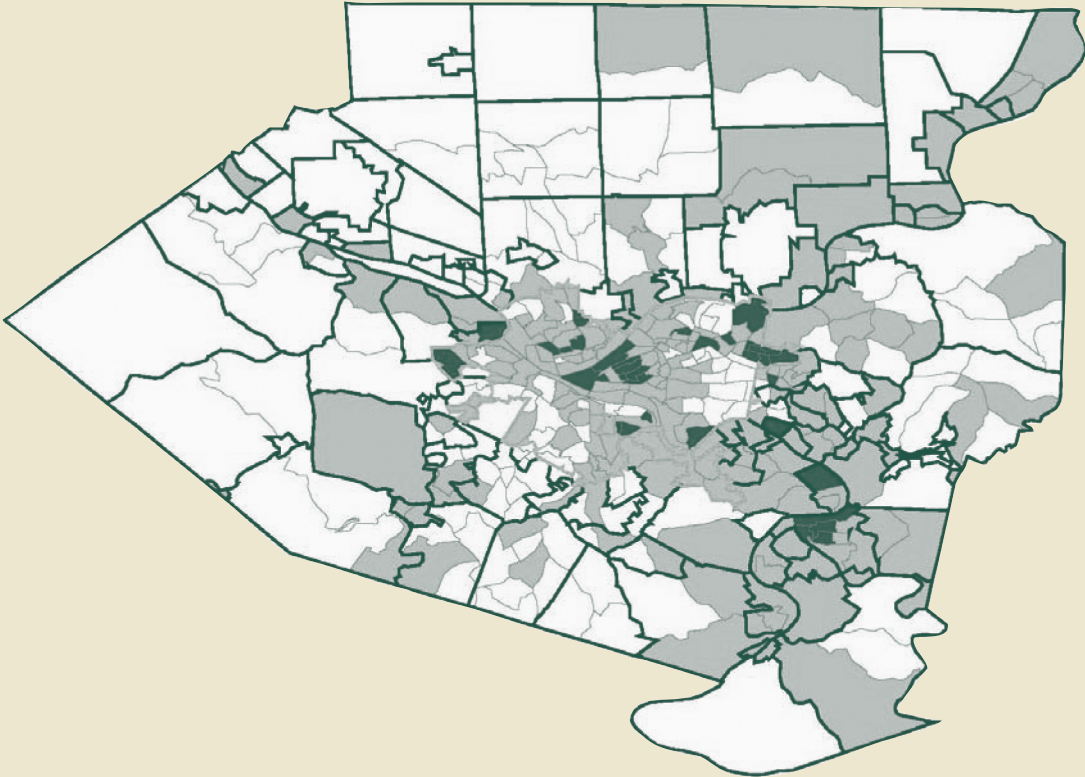
The authors wish to thank John Pierce, Bill Thomas, and Brian Bell, with the Allegheny County Department of Human Services, for their insights and assistance.

References

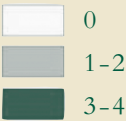
- Campos, Inc. (2004). *Do They See What I See? Public Opinion and the Human Services Sector*. Tropman Report. Pittsburgh: The Forbes Funds.
- De Vita, C., & Twombly, E.C. (2003). *The Precarious Billion Dollar Sector: Nonprofit Human Services in the Pittsburgh Area*. Tropman Report. Pittsburgh: The Forbes Funds.
- Light, P. C. (2005). *Facing the Futures: Building Robust Nonprofits in the Pittsburgh Region*. Pittsburgh: The Forbes Funds.
- The Hill Group, Inc. (2005). *Service Clustering: Building Cohesive Public Service Capacity*. Tropman Report. Pittsburgh: The Forbes Funds.
- U.S. Census Bureau (2000). *Census 2000 Summary File 3 (SF 3)*.

APPENDIX [A]

FIGURE 1: DISTRESSED AREAS IN ALLEGHENY COUNTY, PENNSYLVANIA
(BY MUNICIPALITY)



Distressed Tracts



NOTE: Tracts with a score of 3 or 4 exhibit the highest degree of distress.
Tracts with a score of 0 show no signs of distress.

APPENDIX [B]

Data and Methodology — OMG's Allegheny County Household Survey

OMG contracted with the research firm ReedHaldyMcIntosh & Associates (RHM) to conduct a telephone survey of 400 households in Allegheny County. The survey was designed to examine human service utilization patterns, unmet needs, barriers to service utilization and satisfaction with services, especially among residents of distressed areas. The study used a stratified Random Digital Dialing (RDD) sample of 300 households living in distressed areas and of 100 households in non-distressed areas. The sample was weighted to correct for the disproportionate selection of households in distressed areas. Heads of household — or the most knowledgeable adult aged 18 years and older — were the proxy respondents for their household members with regards to service utilization and related questions. The survey took on average 10 minutes to complete. The survey instrument was pre-tested in May, 2006, and interviews were conducted between June and July, 2006.

The survey included questions on human service use and consideration in the previous 12 months, who in the household had used services, whether or not the person(s) who needed service was/were able to get it, and reasons why services could not be used if that was the case. A list of nine human services was read to respondents¹ who also had the option of reporting “other” services, in which case they had to specify. The survey also asked about service users’ satisfaction with services received. The final section of the survey covered socio-demographics such as household composition, age, employment status, race, education, and income.²

Sampling Details. In addition to correcting for the disproportionate selection of households in distressed areas, the sample weighting also corrects for the fact that, due to sampling limitations, a larger proportion of the households in the sample ended up being classified as “residents of distressed areas” compared to the actual proportion. According to the Allegheny County Department of Human Services, “distressed areas” are Census tracts with high poverty level, high percentage of single female-headed households, high school drop-out rate, and high male unemployment³. Based on that, about 5% of the county’s neighborhoods can be considered “distressed.”

The ideal for sampling the “distressed areas” would have been to sample by census tract using those tracts previously defined as distressed. However, there is no telephone sampling source that pulls by census tracts, so RHM approximated the census tracts by pulling working blocks that correspond to those areas. An important note is that working block boundaries do not correspond exactly to census tract boundaries. This means that the sampling captured all of the “distressed” neighborhoods as defined by the census tracts, but also included some households that are outside of the “distressed neighborhood” boundaries, thus inflating the actual number of households that live in a distressed area. This resulted in 17% of the households being classified as part of the “distressed” neighborhoods, compared with the actual county percentage of 5%. The weighting reflects this difference and corrects for it.

As shown on table 1 of this study, the sample from distressed neighborhoods included many people with relative high levels of education, and people without young children. It can be assumed that this is strictly due to probability sampling. Standard efforts were made to include everyone in the sample, including 5 call-backs.

Definition of Human Services Used in the OMG Allegheny County Household Survey

1. Food or Meal Assistance, including emergency food cupboards or pantries, soup kitchens, Meals on Wheels or other food deliveries, and excluding food stamps.
2. Housing or shelter services, including emergency, domestic-violence or homeless shelters, or LIHEAP, utility assistance, or other services to help one maintain stable housing.
3. Hotlines, support groups, or counseling, including for parenting help, caregiver support, legal services, sexual abuse, crime victims, domestic violence, mental health, substance abuse, or other reasons.
4. Educational or recreational activities such as literacy, GED, English as a Second Language, adult continuing education courses or after school programs for children that take place at the YMCA, community centers, or other nonschool locations.
5. Employment programs, including job training, job search, job mentoring or job placement.
6. Physical and mental health care at community health clinics (not from private physicians or hospitals), including reproductive health care and pregnancy counseling, or drug and alcohol detox or rehabilitation.
7. Day programs, including care for people who are elderly, or who have mental illness, develop mental disabilities or mental retardation.
8. Mentoring programs, such as Big Brothers/Big Sisters.
9. Childcare programs that are not connected to a school.

¹ Please refer to Appendix C for the list and definition of services.

² Please refer to Appendix D online for a copy of the survey instrument.

³ Please see The Hill Group (2005) Tropman Report.